

Virtual Private Network Request Form

Agency Information:

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|--------------|---------------------|
| Date: | Agency Name: |
|--------------|---------------------|

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|--|--------------------------|
| Agency Data/Security Coordinator: | Telephone Number: |
|--|--------------------------|

Requestor Information and Approvals:

| | |
|----------------------------|----------------------------------|
| Employee Name: | Telephone Number: |
| Office: | |
| Supervisor Name: | Supervisor Signature: |
| AU Billing Code: KC | IDEM Accounting Approval: |

| |
|--|
| Justification for needing VPN access: (include cost/benefit analysis and applications to be used) |
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Note: The cost of service is \$20.00 per month, per user. There is a \$5.00 one-time helpdesk set up fee. There is a 1 year commitment for this service thru May, 2002. The state will re-evaluate the vendor and the service next year before a renewal is sought. The total cost of the service will not exceed \$245 for the year.

VPN Usage Agreement:

During my use of the State of Indiana Virtual Private Network (VPN), I will follow the guidelines and restrictions as stated in the IDEM User Agreement. I will protect my VPN certificate and will not share the certificate or password with anyone. I understand that violating the User Agreement will mean immediate removal of my access to the VPN. During my VPN subscription, I understand that I may be subject to security audits by IDEM IT Personnel. I also understand that VPN usage is tied to my IDEM position and the VPN access will be re-evaluated if my position changes.

| | |
|--------------------------|--|
| Name (Print): | |
| Signature: | |

Security Coordinator Information:

| | YES | NO |
|----------------------------|-----|----|
| New Certificate requested? | | |
| Need Certificate revoked? | | |

If user is to be restricted to certain IP addresses or applications, they are to be noted here:

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|----|
| 1. |
| 2. |

| | |
|-------------|--------------|
| REF: | AUTH: |
| | |

Virtual Private Network (VPN) Access

Contact: Data /Security Coordinator @ 232-7010

Step 1: Complete the Virtual Private Network (VPN) Request Form.

The following fields are required:

- ? Employee Name
- ? Telephone Number
- ? Office
- ? Supervisor Name
- ? Supervisor Signature
- ? Accounting Unit Billing Code or KC#
- ? Justification
- ? Requestor's Signature

Step 2: The employee's supervisor must sign The Request Form.

Step 3: The Form is forwarded to the Agency Data/Security Coordinator.

Step 4: The Agency Data/Security Coordinator will obtain IDEM fiscal approval and forward these forms to DoIT Security for activation. DoIT will provide the Coordinator with the access codes within 2 business days.

Step 5: When the Agency Data/Security Coordinator receives the access codes, the requestor will be contacted by the Help Desk to schedule installation of the VPN client on the requestor's computer.